No. 1090 P. 14 PRINTED: 10/18/2012 Oct. 31. 2012 1:24PM Erwin Health Care DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 01 - MAIN BUILDING 01 B. WING 445291 10/16/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 100 STALLING LANE ERWIN HEALTH CARE CENTER ERWIN, TN 37650 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID Ю (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) 11/16/12 The ceiling around the low air vent duct behind the K 029 NFPA 101 LIFE SAFETY CODE STANDARD dryers was replaced on November 1, 2012 with fire SS=D rated caulk. One hour fire rated construction (with 1/4 hour fire-rated doors) or an approved automatic fire The Administrator verified the correction and the extinguishing system in accordance with 8.4.1 existing NFPA 101 Life Safety Code Standard was met. and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure hazardous area 's one (1) hour fire rated construction is maintained. The findings include: Observation and interview with the Maintenance Director in the laundry, on October 16, 2012 at 10:10 a.m. confirmed an unsealed penetration in the ceiling around the low air vent duct behind the dryers. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on October 16, 2012. 11/16/12 K 045 NFPA 101 LIFE SAFETY CODE STANDARD K 045 The outside light at the rear dining room exit was \$S=D replaced with a multiple bulb on November 1, 2012. Illumination of means of egress, including exit This correction will leave the area with ample light discharge, is arranged so that failure of any single during the night hours. lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency This correction was vertified by the Administrator and lighting in accordance with section 7.8.) 19.2.8 the existing MFPA 101 Life Safety Code will be satisfied. LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any deficiency statement ending with an-asterisk (*) denotes a deficiency which the insultution may be excused from correcting providing it is determined that other sates used a syntax provide sufficient providing it is determined that

Any deticiency statement ending with an asterisk (1) denotes a deticiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	ī	(X2) MULTIPLE CONSTRUCTION A BUILDING 01 - MAIN BUILDING 01		: U936-039 :URVEY ETEO			
445291		B. WIN	G	10/16/2012					
NAME OF PROVIDER OR SUPPLIER ERWIN HEALTH CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 100 STALLING LANE ERWIN, TN 37650					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFII TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	ULD BE	(X5) COMPLETION DATE			
K 045	Continued From page	ge 1	КО	45	.				
SS=F	Based on observation failed to assure exits area would not be in The findings include Observation and interpretation and provided that the failure of any would not leave the area 7.8.1.4). This finding was veriful Supervisor and acknowled Administrator during October 16, 2012. NFPA 101 LIFE SAFI A fire alarm system with devices or equipmen NFPA 72, National Fireffective warning of finantial fire alarm inlitextinguishing system patient sleeping area that manual pull station or egress. Electives are available. As ower is provided. Finaintained in accordance or maintenance is a supervisor of maintenance in accordance of maintenance in accordance in acco	erview with the Maintenance of 16, 2012 at 9:45 a.m. e light at the rear dining room d with multiple bulbs such a single lighting fixture (bulb) area in darkness (NFPA 101, fied by the Maintenance owledged by the the exit conference on et a conference of et a	K 05	The Sprinkler Riser Room, which contains Fire Alarm Control Panel, was equipped wi detection device on November 16, 2012. This improvement was verified by the Admir the standard meets the NFPLA 72, 1-5.6 rule applies. The sprinkler heads in the clean linen supply now 6 feet apart and meet the Life Safety Con This correction was completed on November. The Administrator verified the installation and 13, 5-6.3 was met.	nistrator and that area are de standard, 23, 2012.	11/16/12			

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No. 1090 P. 16

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED	
	445291		a. wi	B. WING		10/16/2012	
NAME OF PROVIDER OR SUPPLIER ERWIN HEALTH CARE CENTER				1	REET ADDRESS, CITY, STATE, ZIP CODE 100 STALLING LANE ERWIN, TN 37650		_
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULDBE	(X5) COMPLETION DATE
K 051	Continued From page 9.6	ge 2	K)51			
					·		
K 062 \$\$=F	Based on observation failed to provide a smoof each fire alarm conference that are not conference that are not confirmed the main of the findings included that was not in a confirmed that was not in a confirmed that was not in a confirmed that was not provided that was not provided that was not provided that finding was verified that the supervisor and acknowledges and the supervisor and the	rview with the Maintenance 16, 2012 at 9:50 a.m Fire Alarm Control Panel in the sprinkler riser room linuously occupied location if with smoke detection. ified by the Maintenance owledged by the the exit conference on ETY CODE STANDARD sprinkler systems are ned in reliable operating	К 0		A new accelerator for the dry system was inst 10/27/12 by the authorized agent. This installs increased the water flow to the sprinkler head: than the 60 second standard The Administrator verified this correction and standard 19.7.6, 4.6.12, NFPA 13, NFPA25, 9 Safety Code will be met	ation s to less	11/16/12
	This STANDARD is r	not mel as evidenced by:					

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED		
<u> </u>		445291	B. WIN	- I MARIE BUILDING OF				
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP GODE		/16/2012		
ERWIN	HEALTH CARE CENTE		·	100 STALLING LANE ERWIN, TN 37650				
(X4) ID PREFIX TAG	EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			PROVIDER'S PLAN OF CORR ((EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF ORFICIENCY)	HÒULD BE	(X5) COMPLETIO DATE	(X5) COMPLETION DATE	
K 130 SS=E	Based on observation failed to assure spring (6) feet apart per NF The findings Include: Observation and Interpreter, on October confirmed two (2) spring apart in the laundry at Based on observation interview, the facility is system trip test time for water to flow. The findings include: Record review and in Maintenance Director 9:00 a.m. revealed the was conducted on 5-2 to reach the test outlet the Accelerator was owith the Maintenance 2012 at 1:20 p.m. convalved out of service. These findings were very Supervisor and acknowled Administrator during the October 16, 2012. NFPA 101 MISCELLA OTHER LSC DEFICIES.	on and Interview, the facility alkler heads were at least six PA 13, 5-6.3. Erview with the Maintenance 16, 2012 at 10:20 a.m., rinkler heads were 4 feet area's clean finen supply. Interest of the sprinkler did not exceed 60 seconds at the exceed 60 seconds are the forwater of 68 seconds and that ut of service. Observation Director, on October 16, firmed the accelerator was serified by the Maintenance wiedged by the me exit conference on NEOUS. ENCY NOT ON 2786			on November meet the Code	11/16/12		
8	essure fire doors were 3.3.3 and NFPA 80) The findings include:	review, the facility failed to maintained (NFPA 101,				. }		

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No. 1090 PRINT 18 10/18/2012 FORM APPROVED

	STATEMEN	T OR DEFINITION	1010				<u> </u>	<u>J. 0</u> 938-0391
	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A BUILDING 01 - MAIN BUILDING 01			(X3) DATE SURVEY COMPLETED	
l			445281	B, WING		· · · · · · · · · · · · · · · · · · ·	10/16/2012	
		PROVIDER OR SUPPLIER	ER ·		10	EET ADDRESS, CITY, STATE, ZIP CODE 00 STALLING LANE RWIN, TN 37650	1 10/	
	(X4) ID PREFIX TAG	I (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	ix	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPL DEFICIENCY)	XILD BE	(XS) COMPLETION DATE
	·	doors by rooms 122 room failed to latch. latching mechanism: This finding was veri Supervisor and ackn	Maintenance Director, on 11:30 a.m. confirmed the fire and the AD side smoking Its panic hardware and were removed.	ļ	130	DEFICIENCY		
	i						i	1